

2008-2009 Dental Guide Migrant Fee-for-Service Reimbursement and Dental Contracts

THE NORTH CAROLINA FARMWORKER HEALTH PROGRAM (NCFHP) MIGRANT FEE-FOR-SERVICE REIMBURSEMENT AND DENTAL CONTRACTS COVER CERTAIN PREVENTIVE, SIMPLE RESTORATIVE, AND SIMPLE SURGICAL DENTAL SERVICES PROVIDED TO ELIGIBLE INDIVIDUALS. FOLLOWING ARE THE ADA CDT4 DENTAL CODES REIMBURSABLE. NCFHP MAY COVER CERTAIN OTHER PROCEDURES BECAUSE OF PARTICULAR CIRCUMSTANCES (IE. INFECTION). FOR QUESTIONS RELATING TO COVERED SERVICES, PLEASE CONTACT THE NCFHP MIGRANT FEE-FOR-SERVICE MANAGER AT 919-733-2040.

DIAGNOSTIC AND PREVENTIVE

CODE	DESCRIPTION
D0120	PERIODIC ORAL EVALUATION
D0140	LIMITED EVALUATION - Problem-Focused
D0150	COMP. EVALUATION - New or Established
D0210	INTRAORAL - Complete Series
D0220	INTRAORAL PA (First)
D0230	INTRAORAL PA (Each Additional)
D0240	INTRAORAL - Occlusal Film
D0270	BITEWING - Single Film
D0272	BITEWINGS - Two Films
D0274	BITEWINGS - Four Films
D0330	PANORAMIC FILM
D0473	ACCESSION OF TISSUE - Examination & transmission of report
D1110	PROPHYLAXIS - Adult
D1120	PROPHYLAXIS - Child
D1203	FLUORIDE APP. (w/out Prophylaxis) - Child
D1204	FLUORIDE APP. (w/out Prophylaxis) - Adult
D1351	SEALANT - Per tooth

PERIODONTAL

CODE	DESCRIPTION
D4210	GINGIVAL CURETTAGE PER QUADRANT
D4341	PERIODONTAL SCALING & ROOT PLANING - 4+ contiguous or bounded teeth spaces per quadrant
D4342	PERIODONTAL SCALING & ROOT PLANING -1 to 3 teeth, per quadrant
D4355	FULL MOUTH DEBRIDEMENT

RESTORATIVE

CODE	DESCRIPTION
D2140	AMALGAM -1 Surface, primary or permanent
D2150	AMALGAM - 2 Surfaces, primary or permanent
D2160	AMALGAM - 3 Surfaces, primary or permanent
D2161	AMALGAM - 4+ Surfaces, primary or permanent
D2330	RESIN COMPOSITE - 1 Surface, Anterior
D2331	RESIN COMPOSITE - 2 Surfaces, Anterior
D2332	RESIN COMPOSITE - 3 Surfaces, Anterior
D2335	RESIN COMPOSITE - 4+ Surfaces, Anterior
D2391	RESIN COMPOSITE - 1 Surface, Posterior
D2392	RESIN COMPOSITE - 2 Surfaces, Posterior
D2393	RESIN COMPOSITE - 3 Surfaces, Posterior
D2394	RESIN COMPOSITE - 4+ Surfaces, Posterior
D2920	RECEMENT CROWN
D2930	STAINLESS STEEL CROWN - Primary Tooth
D2931	STAINLESS STEEL CROWN - Permanent Tooth
D2932	RESIN CROWN - Prefabricated
D2940	SEDATIVE FILLING
D2950	CORE BUILDUP - including any pins
D2951	PIN RETENTION - Per tooth, in addition to restoration
D3230	PULP CAP - Anterior (excl. final restoration)
D3240	PULP CAP - Posterior (excl. final restoration)
D3220	THERAPEUTIC PULPOTOMY (excl. final restoration)

EXTRACTIONS

CODE	DESCRIPTION
D7111	CORONAL REMNANTS - Deciduous tooth
D7140	EXTRACTION-Erupted tooth or exposed root
D7210	SURG REMOVAL OF ERUPTED TOOTH - (req. elev. of flap, bone rem., and/or part of tooth)
D7220	REMOVAL OF IMPACTED TOOTH - soft tissue
D7230	REM. OF IMPACTED TOOTH - partially bony
D7240	REM. OF IMPACTED TOOTH - comp. bony
D7241	REM. OF IMPACTED TOOTH - completely bony, w/ surgical complications

ADDITIONAL SURGICAL

CODE	DESCRIPTION
D7285	BIOPSY OF ORAL TISSUE - Hard (bone, tooth)
D7286	BIOPSY OF ORAL TISSUE - Soft (all others)
D7310	ALVEOPLASTY IN CONJUNCTION W/ EXTRACTIONS - per quadrant
D7451	REMOVAL OF BENIGN CYST OR TUMOR - lesion greater than 1.25 cm
D7510	INCISION AND DRAINAGE OF ABSCESS - Intraoral soft tissue
D7520	INCISION AND DRAINAGE OF ABSCESS - Extraoral soft tissue
D7910	SUTURE OF SMALL WOUNDS -UP TO 5 CM
D7960	FRENULECTOMY - separate procedure
D9110	PALLIATIVE TREATMENT - dental pain, minor
D9220	GENERAL ANESTHESIA - first 30 min.
D9221	GENERAL ANESTHESIA - each add. 15 min.
D9230	ANALGESIA - Inhalation of Nitrous Oxide